1. PLACE OF BIRTH BUREAU OF VI	OARD OF HEALTH  FAL STATISTICS  FICATE OF BIRTH  State Wayna
District or Township	of Village
City Mami No. 52 My.	hospital or institution, give its NAME instead of street and number)
2. Full name of child Curllio Falkae   Supplemental report, as directed.	
3. Sex of Child To be answered ONLY ) 4. Twin, triplet or other	
Male in event of plural 5. No., in order of bit	th. Ils of birth Month Day Year
8. FATHER Full name Alsus Falkas.	14. MOTHER Full maiden name Guadalouse Jones
9. Residence (Usual/place of abode) Miami	15. Residence (Usual place of abode) Miahin
If non-resident, give place and state. Myona.	If non-resident, give place and state. Uryoua.
10. Color or race	16. Color or race
Mlf. 11. Age at last birthday (Years)	Mlf 17. Age at last birthday 2.6(Years)
12. Birthplace (city or place) Sonora (State or country)	18. Birthplace (city or place) Meffes City, (State or country)
13. Occupation	19. Occupation
Nature of Industry Mull	Nature of Industry Housewife
20. Number of children of this mother	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 40  I hereby certify that I attended the birth of this child, who was born always at a on the date above stated.	
(Born, alive or-student)	
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from a supplement report.  Month, day, year  Address Mann, Wyong	
Registrar. Filedjunt 7, 19 30 Registrar.	
" 162 to 16 - 779	